

CHILD ABUSE AND NEGLECT
INVESTIGATION REPORT

Completion of this form is required by s. 48.981, Wisconsin Statutes. This form is to be sent to the Division of Supportive Living/AO-IS Unit **immediately** upon completion of the investigation. Investigations are to be completed within 60 days from receipt of report.

1 CAN investigation ID XXXXXX	Indep. Invest. <input type="checkbox"/>
2 Worker Number XXXXXX	
3 Reporting Unit XXXXXX	

4 Date - Report Received X X X X X X	5 Reporter X	6 A / N Type 25	9 Date - Investigation Completed X X X X X X	11 Siblings not A / N XX
7 Date - Face to Face Initial Contact X X X X X X	8 Family Characteristics / Conditions X		10 Family Safety Services X	12 Local Information XXXX

MALTREATER INFORMATION				
	13 Code	14 Age	15 Sex (M/F/U)	16 Ethnic Code
	A			
	B			
	C			

EXAMPLE #5 - A

CHILD INFORMATION													
	17 Child Code	18 Age	19 Sex (M / F)	20 Ethnic Code	21 Disability	22 Injuries or Indicators of Maltreatment	23 Med Attn. (Y / N)	24 Prior A / N (Y / N / U)	25 Maltreater Rel.			26 Investigation Disposition	
									A	B	C		
XXXXXX	01	14	X	X		X	X	X	94			X	
	02												
	03												
	04												
	05												

INCIDENT INFORMATION										Note: L & NF for use with code 51 ONLY									
27 Child Code		28 A / N Type	29 Maltreater Involved			30 Findings (S / U / N) (or L / NF)	27 Child Code		28 A / N Type	29 Maltreater Involved			30 Findings (S / U / N) (or L / NF)						
			A	B	C					A	B	C							
01	XXXXXX	25	94			S	04												
02							05												
03																			

SIGNATURE - Supervisor

Example #5

A referral is received alleging mutual sexual activity between a fourteen and fifteen year old. The two are from different family units. Upon assessment it is found that mutual sexual activity did occur. As these children are from different family units, a separate CFS-40 form is completed for each child. The information contained in the CFS-40 form only reflects information pertaining to children from the same family unit.